

Office Symbol: \_\_\_\_\_

Date: \_\_\_\_\_

MEMORANDUM FOR Commander, CONUS Replacement Center

SUBJECT: Training Certification For Rank: \_\_\_\_\_ Name: \_\_\_\_\_

1. I certify that the subject individual has completed the following training requirements within the past 12 months. I have initialed either YES or NO for each requirement.

			CDR's Initials	
	REQUIREMENT	YES	NO	
1	Anti-Terrorism Level 1(Certificate Attached)			
2	Subversion & Espionage Directed Against the Army(SAEDA)			
3	Operational Security(OPSEC)			
4	Heat Injury Prevention			
5	Equal Opportunity/Prevention of Sexual Harassment(EO/POSH)			
6	General Orders			
7	Suicide Prevention			
8	Trafficking			
9	Report Intelligence Information			
10	Fraternization Policy			
11	Cultural Awareness(Country Brief for this Individual's Destination)			
12	Core Army Values			
13	Personal Recovery Training			
14	Personal Recovery Pro-File			
15	Army Accident Avoidance Course			

2. The point of contact for this action is: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

UNIT: \_\_\_\_\_